

Report Year:

2010

10049

Contra Costa Regional Medical Center

Martinez

Page:1 of 18

Provide the Hospital Owner and Year of Report per Section 130061(e)

Facility Number:

10049

Facility Name:

Contra Costa Regional Medical Center

Address:

2500 Alhambra Avenue

City:

Martinez

Hospital Owner/Licensee:

Please Enter License/Owner Name

Year of Reporting:

2010

Contact 1 e-mail Address:

Contact 2 e-mail Address:

Contact 3 e-mail Address::

Name of Submitter:

Contra Costa Regional Hospital

Submission Date:

1/25/2011 3:00:00 PM

Report Year:

2010

10049

Contra Costa Regional Medical Center

Martinez

Page:2 of 18

For buildings which are planned for retrofit or replacement the report shall identify: Whether the hospital owner intends to retrofit or replace the building to SPC 2 or SPC 5 per section [130061\(c\)\(1\)\(A\)](#). The deadline, as described in [Section 130060](#) or [130061.5](#), for retrofit or replacement of the building that the hospital owner intends to meet, and the applicable extension for which the hospital owner has been approved per [Section 130061\(c\)\(1\)\(B\)](#)

Bldg. No.	Building Name	Alternate Building Address	Building Resolution	Final SPC Rating If Required	Extension Date	Anticipated Completion Date
04	Cafeteria	2500 Alhambra Avenue	Replace	SPC5	01/01/2013	01/01/2013

Report Year:

2010

10049

Contra Costa Regional Medical Center

Martinez

Page:3 of 18

Report Status: **Data Last Update:** 01/14/2011

Submission Date: 01/25/2011

Print Date: 1/26/2011 8:38 AM

Provide the number of inpatient beds and patient days per type of service per building per **Section 130061(c)(1)(F)**

Building Number: 04

Building Name: Cafeteria

Type of Service Provided☐

Nursing

Inpatient
BedsInpatient
Days☐

Surgical

☐Obstetrical
Recovery☐

IntensiveCare

Inpatient
Beds

Inpatient Days

☐

Anesthesia

☐Newborn/
WellBaby☐Pediatric/Adol
escentInpatient
Beds

Inpatient Days

☐

Clinical Lab

☐

Emergency

☐Psychiatric
NursingInpatient
Beds

Inpatient Days

☐Radiological/
Imaging☐Nuclear
Medicine☐

Pharmaceutical

☐Obstetrical
Ante/PostprtumInpatient
Beds

Inpatient Days

☐

Dietetic

☐Rehabilitation
Therapy☐Intermediate
CareInpatient
Beds

Inpatient Days

☐

Administration

☐

Renal Dialysis

☐

Skilled Nursing

Inpatient
Beds

Inpatient Days

☐Support
Services☐Outpatient
Surgery☐Obstetrical
Cesarean/Deliv☐

Central Plant

Total Beds this
Building

Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number: 04

Building Name: Cafeteria

Medical / Surgical (Include GYN)

Inpatient Bed Inpatient Days

Acute Respiratory Care

Inpatient Bed Inpatient Days

Acute Psychiatric

Inpatient Bed Inpatient Days

Perinatal (exclude Newborn / GYN)

Inpatient Bed Inpatient Days

Burn

Inpatient Bed Inpatient Days

Skilled Nursing

Inpatient Bed Inpatient Days

Pediatric

Inpatient Bed Inpatient Days

intensive Care Newborn Nursery

Inpatient Bed Inpatient Days

Intermediate Card

Inpatient Bed Inpatient Days

Intensive Care

Inpatient Bed Inpatient Days

Rehabilitation Center

Inpatient Bed Inpatient Days

Int. Care / development Disabled

Inpatient Bed Inpatient Days

Coronary Care

Inpatient Bed Inpatient Days

Chemical Dependency

Inpatient Bed Inpatient Days

Total Beds this Building Per Unit

Total Beds this Building Per Service

For all buildings at the facility, indicate which ones are scheduled for general acute service removal.

Building Number	Building Name	Building to be Removed
01	1 - Main Hospital	<input type="checkbox"/>
02	2 - Clinical Lab	<input type="checkbox"/>
03	16 - Main Entrance Canopy	<input type="checkbox"/>
04	Cafeteria	<input type="checkbox"/>

Report Year:

2010

10049

Contra Costa Regional Medical Center

Martinez

Page:7 of 18



Report Status: **Data Last Update:** 01/14/2011

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Report any general acute care hospital inpatient service that is provided in any general acute care hospital building that is rated SPC-1 per [Section 130061\(c\)\(4\)](#)

Building Number:

04

Building Name:

Cafeteria

Type of Service Provided

☐

Nursing

☐

IntensiveCare

☐Pediatric/Adol
escent☐Psychiatric
Nursing☐Obstetrical
Ante/Postprtum☐Intermediate
Care☐

Skilled Nursing

☐

Surgical

☐

Anesthesia

☐

Clinical Lab

☐Radiological/
Imaging☐

Pharmaceutical

☐

Dietetic

☐

Administration

☐Obstetrical
Cesarean/Deliv☐Obstetrical
Recovery☐Newborn/
WellBaby☐

Emergency

☐Nuclear
Medicine☐Rehabilitation
Therapy☐

Renal Dialysis

☐Outpatient
Surgery☐

Central Plant

☐Support
Services

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

01

Building Name:

1 - Main Hospital

Configuration

:

N/A

Type of Service Provided☒

Nursing

☒

Surgical

☒Obstetrical
Cesarean/Deliv☒Rehabilitation
Therapy☒

IntensiveCare

☒

Anesthesia

☒Obstetrical
Recovery☐

Renal Dialysis

☐Pediatric/Adol
escent☐

Clinical Lab

☒Radiological/
Imaging☒Newborn/
WellBaby☐Outpatient
Surgery☒Psychiatric
Nursing☒

Pharmaceutical

☒

Emergency

☐

Central Plant

☒Obstetrical
Ante/Postpartum☐

Dietetic

☒

Nuclear Medicine

☐Support
Services☐Intermediate
Care☐

Administration

☐

Skilled Nursing

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

02

Building Name:

2 - Clinical Lab

Configuration

:

N/A

Type of Service Provided☐

Nursing

☐

Surgical

☐Obstetrical
Cesarean/Deliv☐Rehabilitation
Therapy☐

IntensiveCare

☐

Anesthesia

☐Obstetrical
Recovery☐

Renal Dialysis

☐Pediatric/Adol
escent☐

Clinical Lab

☐Newborn/
WellBaby☐Outpatient
Surgery☐Psychiatric
Nursing☐Radiological/
Imaging☐

Emergency

☐

Central Plant

☐Obstetrical
Ante/Postprtum☐

Pharmaceutical

☐

Nuclear Medicine

☐Support
Services☐Intermediate
Care☐

Dietetic

☐

Skilled Nursing

☐

Administration

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

03

Building Name:

16 - Main Entrance Canopy

Configuration

:

N/A

Type of Service Provided☐

Nursing

☐

Surgical

☐Obstetrical
Cesarean/Deliv☐Rehabilitation
Therapy☐

IntensiveCare

☐

Anesthesia

☐Obstetrical
Recovery☐

Renal Dialysis

☐Pediatric/Adol
escent☐

Clinical Lab

☐Newborn/
WellBaby☐Outpatient
Surgery☐Psychiatric
Nursing☐Radiological/
Imaging☐

Emergency

☐

Central Plant

☐Obstetrical
Ante/Postprtum☐

Pharmaceutical

☐

Nuclear Medicine

☐Support
Services☐Intermediate
Care☐

Dietetic

☐

Skilled Nursing

☐

Administration

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

04

Building Name:

Cafeteria

Configuration

:

N/A

Type of Service Provided☐

Nursing

☐

Surgical

☐Obstetrical
Cesarean/Deliv☐Rehabilitation
Therapy☐

IntensiveCare

☐

Anesthesia

☐Obstetrical
Recovery☐

Renal Dialysis

☐Pediatric/Adol
escent☐

Clinical Lab

☐Newborn/
WellBaby☐Outpatient
Surgery☐Psychiatric
Nursing☐Radiological/
Imaging☐

Emergency

☐

Central Plant

☐Obstetrical
Ante/Postprtum☐

Pharmaceutical

☐

Nuclear Medicine

☐Support
Services☐Intermediate
Care☐

Dietetic

☐

Skilled Nursing

☐

Administration

Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number: 01

Building Name: 1 - Main Hospital

Type of Service Provided
☒ Nursing Inpatient Beds 99

☒ IntensiveCare Inpatient Beds 14

☐ Pediatric/Adol
escent Inpatient Beds 0

☒ Psychiatric
Nursing Inpatient Beds 23

☒ Obstetrical
Ante/Postprtum Inpatient Beds 10

☐ Intermediate
Care Inpatient Beds 0

☐ Skilled Nursing
Inpatient Beds 0

 Total Beds this
Building 146

☒ Surgical

☒ Anesthesia

☐ Clinical Lab

☒ Radiological/
Imaging

☒ Pharmaceutical

☐ Dietetic

☐ Administration

☒ Obstetrical
Cesarean/Deliv

☒ Obstetrical
Recovery

☒ Newborn/
WellBaby

☒ Emergency

☒ Nuclear
Medicine

☒ Rehabilitation
Therapy

☐ Renal Dialysis

☐ Outpatient
Surgery

☐ Central Plant

☐ Support
Services

Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number: 02

Building Name: 2 - Clinical Lab

Type of Service Provided
☐ Nursing Inpatient Beds 0

☐ IntensiveCare Inpatient Beds 0

☐ Pediatric/Adol
escent Inpatient Beds 0

☐ Psychiatric
Nursing Inpatient Beds 0

☐ Obstetrical
Ante/Postprtum Inpatient Beds 0

☐ Intermediate
Care Inpatient Beds 0

☐ Skilled Nursing
Inpatient Beds 0

 Total Beds this
Building 0

☐ Surgical

☐ Anesthesia

☐ Clinical Lab

☐ Radiological/
Imaging

☐ Pharmaceutical

☐ Dietetic

☐ Administration

☐ Obstetrical
Cesarean/Deliv

☐ Obstetrical
Recovery

☐ Newborn/
WellBaby

☐ Emergency

☐ Nuclear
Medicine

☐ Rehabilitation
Therapy

☐ Renal Dialysis

☐ Outpatient
Surgery

☐ Central Plant

☐ Support
Services

Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number: 03

Building Name: 16 - Main Entrance Canopy

Type of Service Provided
☐ Nursing Inpatient Beds 0

☐ IntensiveCare Inpatient Beds 0

☐ Pediatric/Adol
escent Inpatient Beds 0

☐ Psychiatric
Nursing Inpatient Beds 0

☐ Obstetrical
Ante/Postprtum Inpatient Beds 0

☐ Intermediate
Care Inpatient Beds 0

☐ Skilled Nursing
Inpatient Beds 0

 Total Beds this
Building 0

☐ Surgical

☐ Anesthesia

☐ Clinical Lab

☐ Radiological/
Imaging

☐ Pharmaceutical

☐ Dietetic

☐ Administration

☐ Obstetrical
Cesarean/Deliv

☐ Obstetrical
Recovery

☐ Newborn/
WellBaby

☐ Emergency

☐ Nuclear
Medicine

☐ Rehabilitation
Therapy

☐ Renal Dialysis

☐ Outpatient
Surgery

☐ Central Plant

☐ Support
Services

Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number:

01

Building Name:

1 - Main Hospital

Medical / Surgical (Include GYN)Inpatient
Bed

99

Inpatient
Days

23408

Acute Respiratory CareInpatient
Bed

0

Inpatient
Days

0

Acute PsychiatricInpatient
Bed

23

Inpatient
Days

6965

Perinatal (exclude Newborn / GYN)Inpatient
Bed

10

Inpatient
Days

6703

BurnInpatient
Bed

0

Inpatient
Days

0

Skilled NursingInpatient
Bed

0

Inpatient
Days

0

PediatricInpatient
Bed

0

Inpatient
Days

0

**intensive Care Newborn
Nursery**Inpatient
Bed

6

Inpatient
Days

12

Intermediate CardInpatient
Bed

0

Inpatient
Days

0

Intensive CareInpatient
Bed

8

Inpatient
Days

2005

**Rehabilitation
Center**Inpatient
Bed

0

Inpatient
Days

0

**Int. Care / development
Disabled**Inpatient
Bed

0

Inpatient
Days

0

Coronary CareInpatient
Bed

0

Inpatient
Days

0

**Chemical
Dependency**Inpatient
Bed

0

Inpatient
Days

0

**Total Beds this
Building Per
Unit**

146

**Total Beds this
Building Per
Service**

146

Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number:

02

Building Name:

2 - Clinical Lab

Medical / Surgical (Include GYN)Inpatient
Bed

0

Inpatient
Days

0

Acute Respiratory CareInpatient
Bed

0

Inpatient
Days

0

Acute PsychiatricInpatient
Bed

0

Inpatient
Days

0

Perinatal (exclude Newborn / GYN)Inpatient
Bed

0

Inpatient
Days

0

BurnInpatient
Bed

0

Inpatient
Days

0

Skilled NursingInpatient
Bed

0

Inpatient
Days

0

PediatricInpatient
Bed

0

Inpatient
Days

0

**intensive Care Newborn
Nursery**Inpatient
Bed

0

Inpatient
Days

0

Intermediate CardInpatient
Bed

0

Inpatient
Days

0

Intensive CareInpatient
Bed

0

Inpatient
Days

0

**Rehabilitation
Center**Inpatient
Bed

0

Inpatient
Days

0

**Int. Care / development
Disabled**Inpatient
Bed

0

Inpatient
Days

0

Coronary CareInpatient
Bed

0

Inpatient
Days

0

**Chemical
Dependency**Inpatient
Bed

0

Inpatient
Days

0

**Total Beds this
Building Per
Unit**

0

**Total Beds this
Building Per
Service**

0

Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number:

03

Building Name:

16 - Main Entrance Canopy

Medical / Surgical (Include GYN)Inpatient
Bed

0

Inpatient
Days

0

Acute Respiratory CareInpatient
Bed

0

Inpatient
Days

0

Acute PsychiatricInpatient
Bed

0

Inpatient
Days

0

Perinatal (exclude Newborn / GYN)Inpatient
Bed

0

Inpatient
Days

0

BurnInpatient
Bed

0

Inpatient
Days

0

Skilled NursingInpatient
Bed

0

Inpatient
Days

0

PediatricInpatient
Bed

0

Inpatient
Days

0

**intensive Care Newborn
Nursery**Inpatient
Bed

0

Inpatient
Days

0

Intermediate CardInpatient
Bed

0

Inpatient
Days

0

Intensive CareInpatient
Bed

0

Inpatient
Days

0

**Rehabilitation
Center**Inpatient
Bed

0

Inpatient
Days

0

**Int. Care / development
Disabled**Inpatient
Bed

0

Inpatient
Days

0

Coronary CareInpatient
Bed

0

Inpatient
Days

0

**Chemical
Dependency**Inpatient
Bed

0

Inpatient
Days

0

**Total Beds this
Building Per
Unit**

0

**Total Beds this
Building Per
Service**

0